

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-34962 United States Bankruptcy Court Southern District of Texas FILED SEP 18 2000 Michael N. Mitby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Kkbs	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 670 Kkbs PO Box 1756 Guymon OK 73942-1756 	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 419.98 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		1688	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		Date 9/12/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Marsha Strong Owner/Manager	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

 * Affidavit of Performance *

Radio Station KKBS-FM
 BOX 1756
 GUYMON, OK 73942

Invoice Number: 50201
 Billing Type : S
 Acct Exec : HOUSE

REYNOLDS MEDIA/STAGE STORES, INC.
 2425 FOUNTAINVIEW STE. 355
 HOUSTON, TX 77057

State of OKLAHOMA)
) SS:
 County of TEXAS)

Order # ONE DAY SA

Client # 708
 STAGE STORES, INC Commercials

Before me, a Notary Public, personally appeared NANCY DANNER , who affirms that she is TRAFFIC MANAGER of Radio Station KKBS-FM, and that broadcasts were made during the period: 05/01/00 - 05/28/00.

Date	Times	Description	Agency ID	Rate	Len
May 17	2:52P	STAGE STORES, INC		16.47	60
May 17	3:22P	STAGE STORES, INC		16.47	60
May 17	4:52P	STAGE STORES, INC		16.47	60
May 17	5:37P	STAGE STORES, INC		16.47	60
May 17	6:54P	STAGE STORES, INC		16.47	60
May 18	6:21A	STAGE STORES, INC		16.47	60
May 18	8:22A	STAGE STORES, INC		16.47	60
May 18	8:53A	STAGE STORES, INC		16.47	60
May 18	10:21A	STAGE STORES, INC		16.47	60
May 18	11:21A	STAGE STORES, INC		16.47	60
May 18	12:52P	STAGE STORES, INC		16.47	60
May 18	1:21P	STAGE STORES, INC		16.47	60
May 18	2:54P	STAGE STORES, INC		16.47	60
May 18	3:52P	STAGE STORES, INC		16.47	60
May 18	4:52P	STAGE STORES, INC		16.47	60

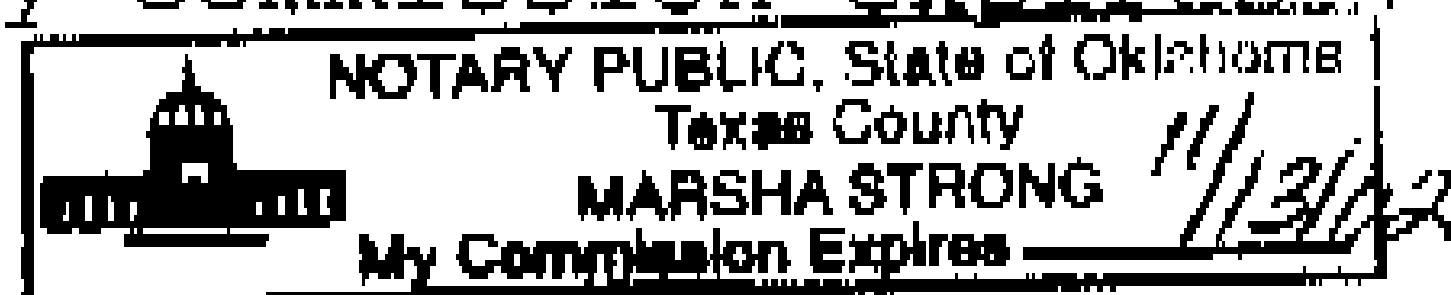
5 at 16.47 | 10 at 16.47 |

Gross Invoice: \$247.05 less Agcy Disc: 0.00 | ^{209.99}
 DUE DATE: 06/15/ 0 NET AMOUNT DUE: ~~\$247.05~~

I certify that the above units were aired within fifteen (15) minutes of the times listed.

Signed: Nancy Danner

Affirmed this 12 Day of September, 2000
 In testimony whereof I have set my Hand and Seal the day and year aforesaid.
 My commission expires 11-13-02



Marsha Strong
 Notary Public

* Affidavit of Performance *

Radio Station KKBS-FM
BOX 1756
GUYMON, OK 73942

Invoice Number: 40201
Billing Type : S
Acct Exec : HOUSE

REYNOLDS MEDIA/STAGE STORES, INC.
2425 FOUNTAINVIEW STE. 355
HOUSTON, TX 77057

State of OKLAHOMA)
) SS:
County of TEXAS)

Order # ONE DAY SA

Client # 708
STAGE STORES, INC Commercials

Before me, a Notary Public, personally appeared NANCY DANNER , who affirms that she is TRAFFIC MANAGER of Radio Station KKBS-FM, and that broadcasts were made during the period: 03/27/00 - 04/30/00.

Date	Times	Description	Agency ID	Rate	Len
Apr 5	2:52P	STAGE STORES, INC		16.47	60
Apr 5	3:22P	STAGE STORES, INC		16.47	60
Apr 5	4:52P	STAGE STORES, INC		16.47	60
Apr 5	5:37P	STAGE STORES, INC		16.47	60
Apr 5	6:52P	STAGE STORES, INC		16.47	60
Apr 6	7:08A	STAGE STORES, INC		16.47	60
Apr 6	7:40A	STAGE STORES, INC		16.47	60
Apr 6	7:54A	STAGE STORES, INC		16.47	60
Apr 6	8:40A	STAGE STORES, INC		16.47	60
Apr 6	9:53A	STAGE STORES, INC		16.47	60
Apr 6	10:52A	STAGE STORES, INC		16.47	60
Apr 6	11:52A	STAGE STORES, INC		16.47	60
Apr 6	2:52P	STAGE STORES, INC		16.47	60
Apr 6	3:21P	STAGE STORES, INC		16.47	60
Apr 6	3:52P	STAGE STORES, INC		16.47	60

5 at 16.47 | 10 at 16.47 |

Gross Invoice: \$247.05 less Agcy Disc: 0.00 | ^{209.99}
DUE DATE: 05/15/ 0 NET AMOUNT DUE: ~~\$247.05~~

I certify that the above units were aired within fifteen (15) minutes of the times listed.

Signed: Nancy Danner

Affirmed this 12 Day of September, 2000

In testimony whereof I have set my Hand and Seal the day and year aforesaid.

My commission expires 11-13-02

Marsha Strong

Notary Public

